

Complete Legal Name: _____

Street Address: _____

City:_____ **State:**_____ **Zip Code:**_____

Email Address: _____

Telephone Number:_____ **Best time to Call:**_____

I, knowing that false statements on this form are punishable by law, state the following:

Check one: ☐ I was the registered owner on the date I received the ticket.
☐ I am not the registered owner, but I parked the car on the date the ticket was issued.

I am protesting parking ticket number _____

I believe this ticket should not be filed with the court because:_____

I understand that I have a right to a trial on this parking ticket. I understand that if I do not pay this ticket through the violations bureau, the Court may assess additional fines and court costs of \$24.50. I further understand that if the Judge finds me guilty that the Judge will fine me as follows:

Violations of 14-443 (disabled parking)-a fine of not less than fifty dollars nor more than two hundred dollars.

All other parking violations—Punishable as provided in section 1-8 of the City of Columbia Code, except that a fine shall not be less than fifteen dollars if paid within fifteen days of the violation and not less than thirty dollars if paid more than fifteen days after the violation. Section 1-8 provides that violations are punishable by a fine up to \$500, or by imprisonment for not exceeding three months, or by both such fine and imprisonment.

Understanding all of this, I still wish to protest my ticket.

Signature

Date _____

Attach the following (if applicable):

☐ copy of ticket
☐ copy of parking permit

[] copy of disabled tag/permit
[] Other:_____

Mail Completed Form to:

Violations Bureau
600 E. Broadway
Columbia, MO 65201

or fax to:

573-874-7531